

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/30/2015
NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 1586 S COUNTRY CLUB ROAD BREVARD, NC 28712		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on April 30, 2015 from 11:30 am to 12:30pm at the above referenced facility. DHSR records indicate the home was first licensed on June 29, 1998 as a Family Care Home for six Residents who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 (98 Rev) North Carolina State Building Code - Section 419.4 - Small Non Ambulatory Care Facilities.</p> <p>At the time of our visit, we observed deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. There was an oxygen tank that was not being</p>	C 174		

CONSTRUCTION SECTION
AUG 17 2015
RECEIVED

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8999

YFFY21

If continuation sheet 1 of 2

Glenn Hoppin

OPERATIONS MGR

7/6/15

Division of Health Service Regulation

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C 174	Continued From page 1 stored in an approved holder. Placed all oxygen tanks in approved oxygen tank holders. Provide the DHSR Construction section with documentation showing that the tanks have been moved to approved holders. 2. The roof has a leak around the exhaust vent. Have a qualified technician repair the roof. Provide documentation to the DHSR Construction section when repairs are complete.	C 174	THE OXYGEN TANK IN QUESTION WAS RELOCATED TO IT'S APPROVED HOLDER. THE LEAK WAS REPAIRED BY APPLYING ROOFING CAULK AROUND THE PERIMETER OF THE VENT (REPAIRED BY MAINT. PERSONNEL)	4/30/15 5/5/15